

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 22 AM 3:17

**DOCUMENT # N93000003525 (3)**

1. Corporation Name

**NIGERIAN ISLAMIC SOCIETY, INC.**

Principal Place of Business Mailing Address

4281 N.W. 167 ST.  
MIAMI FL 33055

4281 N.W. 167 ST.  
MIAMI FL 33055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/02/1993** 3a. Date of Last Report **09/22/1994**

4. FEI Number **65-0446430** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **2410 N.W. 93 Street** 26 **2410 N.W. 93 Street**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **Miami - Florida** 27 **Miami, FL 33147**

City & State City & State

23 **33147** 25 **U.S.A** 29 **33147** 30 **U.S.A**

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **FILING FEE IS \$61.25**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OLAIGBE, OLA**  
**13261 NW 7TH AVE**  
**MIAMI FL 33168**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **2410 NW 93 Street**  
84 City **MIAMI, FL** 85 Zip Code **33147**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Signature of current registered agent and title if applicable

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                                   |
|-----------------|-----------------------------------|
| TITLE           | <b>DP</b>                         |
| NAME            | <b>ETTI, FATAI A</b>              |
| STREET ADDRESS  | <b>19448 NW 54TH ST</b>           |
| CITY - ST - ZIP | <b>MIAMI FL 33055</b>             |
| TITLE           | <b>D</b>                          |
| NAME            | <b>SALVADOR, QUADIR</b>           |
| STREET ADDRESS  | <b>18185 NW 19TH CT</b>           |
| CITY - ST - ZIP | <b>NORTH MIAMI BEACH FL 33162</b> |
| TITLE           | <b>DS</b>                         |
| NAME            | <b>ADEBISI, SURAJ M</b>           |
| STREET ADDRESS  | <b>5581 NW 192ND ST</b>           |
| CITY - ST - ZIP | <b>MIAMI FL 33015</b>             |
| TITLE           | <b>DT</b>                         |
| NAME            | <b>AKANDE, MOHAMMED A</b>         |
| STREET ADDRESS  | <b>10930 NW 14TH AVE #A35</b>     |
| CITY - ST - ZIP | <b>MIAMI FL 33167</b>             |
| TITLE           |                                   |
| NAME            |                                   |
| STREET ADDRESS  |                                   |
| CITY - ST - ZIP |                                   |
| TITLE           |                                   |
| NAME            |                                   |
| STREET ADDRESS  |                                   |
| CITY - ST - ZIP |                                   |

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - ZIP |   |

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR

Date

Signature Florida

6/19/95 (305) 691-0124

CR2E037 (3/95)